Date: _____ **Patient Survey**

Please tell us about yourself or, if you are accompanying a patient, the patient who is being seen today. This information will help us continue to get support from the National Health Service Corps. Your cooperation is greatly appreciated and your answers will be held in strictest confidence.

Do <u>not</u> include your name or other identifying information on the survey form.

<u>NOTE</u>: If you have completed this survey during a recent visit, please *<u>do not</u>* complete it again.

1. What is the patient's date of birth? (month/day/year) _____/_____/_____

2. What is the patient's sex? ☐ Male ***(1)*** ☐ Female ***(2)***

3. What is the patient's race? (please check one)
   ☐ Asian ***(1)*** ☐ American Indian or Alaska Native ***(2)*** ☐ Black or African American ***(3)***
   ☐ Native Hawaiian or Pacific Islander ***(4)*** ☐ White ***(5)*** ☐ Other ***(6)***

4. Is the patient Hispanic or Latino? ☐ Yes ***(1)*** ☐ No ***(2)***

5. Would it be useful for the patient to communicate in a language other than English?
   ☐ Yes ***(1)*** ☐ No ***(2)***

Please check the box next to the number of family members living in the patients household and then check the appropriate pre-tax income range *to the right*:

Family Size	> > > > > > > > > > **Income Range** < < < < < < < < < < <		
	(1)	***(2)***	***(3)***
☐ 1 person→	☐ $0 - $8,590	☐ $8,591 - $17,180	☐ more than $17,180
☐ 2 people→	☐ $0 - $11,610	☐ $11,611 - $23,220	☐ more than $23,220
☐ 3 people→	☐ $0 - $14,630	☐ $14,631 - $29,260	☐ more than $29,260
☐ 4 people→	☐ $0 - $17,650	☐ $17,651 - $35,300	☐ more than $35,300
☐ 5 people→	☐ $0 - $20,670	☐ $20,671 - $41,340	☐ more than $41,340
☐ 6 people→	☐ $0 - $23,690	☐ $23,691 - $47,380	☐ more than $47,380
☐ 7 people→	☐ $0 - $26,710	☐ $26,711 - $53,420	☐ more than $53,420
☐ 8 people→	☐ $0 - $29,730	☐ $29,731 - $59,460	☐ more than $59,460
☐ 9 people→	☐ $0 - $32,750	☐ $32,751 - $65,500	☐ more than $65,500
☐ 10 people→	☐ $0 - $35,770	☐ $35,771 - $71,540	☐ more than $71,540
☐ 11 people→	☐ $0 - $38,790	☐ $38,791 - $77,580	☐ more than $77,580
☐ 12 people→	☐ $0 - $41,810	☐ $41,811 - $83,620	☐ more than $83,620
☐ 13 people→	☐ $0 - $44,830	☐ $44,831 - $89,660	☐ more than $89,660

If more than 13 people, what is the patient's family size? _____ and income? $_____

6. How will this visit be paid? (check one)
   (check the single largest payment source)
   ☐ Medicare ***(1)***
   ☐ Medicaid ***(2)***
   ☐ Other Public Insurance ***(3)***
   ☐ Private Insurance ***(4)***
   ☐ Self-pay ***(5)***

Please fold this form and put it in the box at the front desk. Thank you.